



DEPARTMENT OF HEALTH & HUMAN SERVICES

Social Security Administration

Refer to:
S3GL
000-00-0000

Office of Hearings and Appeals
5107 Leesburg Pike
Falls Church, VA 22041-3200

AC Profert Through SSO -- Letter to Claimant

• (CLAIMANT'S NAME)
 (ADDRESS)

Dear _____:

In furtherance of the court order of remand in your case, the Appeals Council proposes to introduce additional evidence into the record (see enclosed LIST OF ADDITIONAL EVIDENCE). This evidence is being sent to the social security office shown below. That office will write to you and give you an opportunity to examine the evidence but will be unable to discuss any of the evidence with you since it no longer has jurisdiction in your case.

You should make any comments you wish to make about the evidence in writing on the form provided at the social security office. If you have additional evidence or any statement to make as to the facts and law in your case, you may also submit them. If you want the Appeals Council to forward the evidence to your treating physician, please so indicate and provide the physician's name and address.

You may request a supplemental hearing with respect to this evidence and if required for a full and true disclosure of the facts in your case, you may request to orally question the author(s) of this (these) report(s).

If neither the social security office nor the Appeals Council hears from you within 20 days from the date of the social security office's letter to you, we will assume that you do not wish to examine or comment on the evidence, and that you have no further evidence to submit. The decision of the Appeals Council will be based upon the evidence of record, the additional evidence, and the provisions of law which must be applied in your case.

Sincerely yours,

Administrative Appeals
Judge, Appeals Council

Enclosures:
LIST OF ADDITIONAL EVIDENCE

cc:
Social Security Office